11/27/2022 20: 24

STATEMENT OF

PAGE 1 / 10 ·

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. SOUTH CAROLINA REPUBLICAN PARTY 1913 Marion St. ADDRESS (number and street) (Check if address is changed) Columbia 29201 SC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS elizabeth@scgop.com (Check if address is changed) Optional Second E-Mail Address llisker@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.scgop.com is changed) DATE 2022 C00034033 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Stroman, Elizabeth, , , Type or Print Name of Treasurer Stroman, Elizabeth, , , [Electronically Filed] Date 27 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

FE	FEC Form 1 (Revised 03/2022)	Page 2	
i.	TYPE OF COMMITTEE:		
	Candidate Committee:		
	(a) This committee is a principal campaign committee. (Co	omplete the candidate information below.)	
	(b) This committee is an authorized committee, and is NC information below.)	OT a principal campaign committee. (Complete the candidate	
	Name of Candidate		
	Candidate Office Party Affiliation Sought: House	State President District	-
	(c) This committee supports/opposes only one candidate,	and is NOT an authorized committee.	
	Name of Candidate		
	Party Committee:		
	(d) This committee is a STA (National, State or subordinate) or	committee of the REP (Democratic, REP Republican, etc.) Party	
	Political Action Committee (PAC):		
	(e) This committee is a separate segregated fund. (Identify	fy connected organization on line 6.) Its connected organization	is a:
	Corporation Corpor	ration w/o Capital Stock Labor Organization	
		Association Cooperative	
	In addition, this committee is a Lobbyist/Reg	sistrant PAC.	
		eral candidate, and is NOT a separate segregated fund or party	У
	In addition, this committee is a Lobbyist/Reg	gistrant PAC.	
	In addition, this committee is a Leadership P	PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only pol	olitical committee (Super PAC).	
	In addition, this committee is a Lobbyist/Reg	gistrant PAC.	
	(h) This committee is a political committee with both contr	ribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Reg	gistrant PAC.	
	Joint Fundraising Representative:		
	(i) This committee collects contributions, pays fundraising committees/organizations, at least one of which is an a	g expenses and disburses net proceeds for two or more politica authorized committee of a federal candidate.	ıl
	(j) This committee collects contributions, pays fundraising committees/organizations, none of which is an authorize	g expenses and disburses net proceeds for two or more political zed committee of a federal candidate.	ıl
	Committees Participating in Joint Fundraiser		
	1.	С	
			7

Treasurer

Г	-			
_	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	SOUTH CARO	LINA REPUBLICAN PA	RTY	
6.		rganization, Affiliated Committee, Joint Fun	draising Representative, or Le	eadership PAC Sponsor
	TEAM DUNCAN			<u> </u>
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA2	2314
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X J	oint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in po	ssession of committee
	Stroman, E	lizabeth, , ,		
	Full Name			
	Mailing Address	PO Box 12373		
		Columbia	SC 2	9211
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		<u> </u>	
	Treasurer		Telephone number 803	988 8440
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the transistant treasurer).	reasurer of the committee; and	the name and address of
	Full Name Stroman, E	lizabeth, , ,		
	of Treasurer			
	Mailing Address	PO Box 12373		
		Columbia	SC 2	9211
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

988

803

Telephone number

8440

FEC Form 1 (Revis	ed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Deposi safety deposit boxes or	tories: List all banks or other depositories in waintains funds.	which the committee deposits fund	s, holds accounts, rents
Name of Bank, Deposito	ry, etc.		
First	National Bank of the South		
Mailing Address	1350 Main St.		
	Columbia	SC 2	29201
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposito	ry, etc.		
BB&	Т		
Mailing Address	1909 K St., NW		
	Washington	DC 2	20006
	CITY A	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Amended in response to request for additional information dated 11/22/22 to add Take Back the Senate as a joint fundraising representative.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r	g ranopana		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	_		
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
SC Victory Fund			
	PO Box 341027		
Mailing Address	FO BOX 341021		
	Austin	TX	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions and the company of the comp	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions and the company of the comp	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.	 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Funda	aising Representative	, or Leadership PAC Sponsor
	GRAHAM VICTO	RY 2020		
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE A	
	Full Name Mailing Address TITLE OR POSITION	CITY A ries: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Chain	CITY A ries: List all banks or other depositories in which	STATE A	ZIP CODE A
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors safety deposit boxes or mail	CITY CITY Tes: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY CITY Te ries: List all banks or other depositories in which sintains funds. Bridge Bank	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY CITY Te ries: List all banks or other depositories in which sintains funds. Bridge Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2. [FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
		Organization, Affiliated Committee, Joint Fundra	ising Representativ	ve, or Leadership PAC Sponsor
WIL	_SON FOR SO	UTH CAROLINA		
		PO BOX 2485		
N	Mailing Address	1 0 200, 2400		
		SPRINGFIELD	L VA	22152
R	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected			tative Leadership PAC Sponso
		by name, address (phone number – optional)		
Full	nated Agent: Identify			
Full	ated Agent: Identify I Name			
Full	ated Agent: Identify I Name			
Full Mai	ated Agent: Identify I Name	by name, address (phone number – optional)	STATE A	ZIP CODE A
Full Mai	nated Agent: Identify I Name illing Address	by name, address (phone number – optional) CITY		
Full Mai	nated Agent: Identify I Name	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Mai	I Name I Identify I Name I I I I I I I I I I I I I I I I I I I	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Mai	I Name I Identify I Name I I I I I I I I I I I I I I I I I I I	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
IN/	ANCY MACE VIC	JIORY FUND		
	Mailing Address	228 S. WASHINGTON ST.		
	ag / laa.eee	STE. 115		
		ALEXANDRIA	, VA	22314
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	- Fundraising Representa	ative Leadership PAC Sponsor
F	ull Name	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	ull Name	by name, address (phone number – optional)		
F	ull Name			
F	ull Name	CITY	STATE A	ZIP CODE A
F	full Name	CITY A	STATE A	
P. Bank safety	full Name	CITY CITY Tele es: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
P. Bank safety	TITLE OR POSITION s or Other Depositori deposit boxes or main e of Bank, sitory, etc.	CITY CITY Tele es: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i		EEO ID .	C
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
TAKE BACK THI	SENATE		
Mailing Address	PO BOX 9891		
	ARLINGTON	, , VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecti	ed Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	rundraising nepresent	Leadership PAC 5
			Leadership PAC S
esignated Agent: Identi		Trundraising Represented	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A